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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/038,509	01/03/2002	Terry J. Smith	066742-0015	5468
41552 7590 10/29/2007 MCDERMOTT, WILL & EMERY 4370 LA JOLLA VILLAGE DRIVE, SUITE 700 SAN DIEGO, CA 92122			EXAMINER ROONEY, NORA MAUREEN	
			ART UNIT 1644	PAPER NUMBER
			MAIL DATE 10/29/2007	DELIVERY MODE PAPER

**Please find below and/or attached an Office communication concerning this application or proceeding.**

The time period for reply, if any, is set in the attached communication.



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APPLICATION NO./ CONTROL NO.	FILING DATE	FIRST NAMED INVENTOR / PATENT IN REEXAMINATION	ATTORNEY DOCKET NO.
10038509	1/3/2002	SMITH ET AL.	066742-0015

EXAMINER

Nora M. Rooney

ART UNIT	PAPER
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1644

20071024

DATE MAILED:

**Please find below and/or attached an Office communication concerning this application or proceeding.**

**Commissioner for Patents**

The amendment filed on 10/03/2007 is non-responsive to the Office Action mailed on 04/04/2007. The Office action mailed on 04/04/2007 examined Claims 1-8 drawn a method of detecting Graves disease in a patient comprising obtaining a biological sample from the patient and measuring the binding of disease specific IgG with IGF-1 relative to a control wherein an elevated level of IgG IgF-1 binding relative to the control indicates Graves disease. A method of detecting Graves disease in a patient comprising obtaining a biological sample from the patient and measuring the binding of disease specific IgG with IGF-1 receptor relative to a control wherein an elevated level of IgG IGF-1 receptor binding relative to the control indicates Graves disease is a distinct invention. Applicant elected the method of detecting Graves disease in a patient comprising obtaining a biological sample from the patient and measuring the binding of disease specific IgG with IGF-1 relative to a control wherein an elevated level of IgG IGF-1 binding relative to the control indicates Graves disease by original presentation.

Since the above-mentioned amendment appears to be a bona fide attempt to reply, applicant is given a TIME PERIOD of ONE (1) MONTH or THIRTY (30) DAYS, whichever is longer, from the mailing date of this notice within which to supply the omission or correction in order to avoid abandonment. EXTENSIONS OF THIS TIME PERIOD UNDER 37 CFR 1.136(a) ARE AVAILABLE.

Any inquiry concerning this communication or earlier communications from the examiner should be directed to Nora M. Rooney whose telephone number is (571) 272-9937. The examiner can normally be reached Monday through Friday from 8:30 am to 5:00 pm. A message may be left on the examiner's voice mail service. If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Christina Chan can be reached on (571) 272-0841. The fax number for the organization where this application or proceeding is assigned is 571-273-8300.

Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see <http://pair-direct.uspto.gov>. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free).

October 24, 2007  
Nora M. Rooney, M.S., J.D.  
Patent Examiner  
Technology Center 1600

*MAHER M. HADDAD*  
MAHER M. HADDAD  
PRIMARY EXAMINER

10/038,509

**AMENDMENTS TO THE CLAIMS:** This listing of claims replaces all prior versions and listings of claims in the instant patent application.

**Listing of claims:**

1. (currently amended) A method of detecting Graves' disease ~~or rheumatoid arthritis~~ in a patient comprising
  - (a) obtaining a biological sample comprising fibroblasts from the patient, and
  - (b) detecting in said biological sample measuring the activation of fibroblasts by binding of disease specific IgG with to the IGF-1 receptor (IGF-1R) relative to a control wherein presence of IgG-activated fibroblasts compared an elevated level of IgG IGF-1 biding relative to the control indicates Graves' disease or rheumatoid arthritis.
2. (cancelled)
3. (currently amended) The method of claim 1 wherein the ~~determination~~ detecting is accomplished by measures measuring the level of a chemical marker expressed by said IgG-activated T-cells fibroblasts in said biological sample, wherein an elevated level of the marker compared to the control indicates presence of said IgG-activated fibroblasts.
4. (original) The method of claim 3 wherein the marker is RANTES.
5. (currently amended) The method of claim 3 wherein the marker is ~~IC-16~~ IL-16.
6. (currently amended) The method of claim 2 wherein the ~~determination is~~ detecting is accomplished by exposing T-cells to said biological sample comprising fibroblasts and measuring T-cell migration toward said fibroblasts, wherein an increase in the migration of said fibroblasts relative to the control indicates presence of said IgG-activated fibroblasts.
7. (original) The method of claim 1 wherein the patient is human.
8. (currently amended) The method of claim 1 wherein the biological sample is selected from a group consisting of: blood, urine, synovial fluid, ascites, and tissues.
9. (new) A method of detecting the presence of antibody-activated fibroblasts, said method comprising
  - (a) obtaining a biological sample comprising fibroblasts from the patient;

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(b) contacting said sample with an antibody specific for IL-16

(c) detecting the level of IL-16 released by said fibroblasts relative to a control, wherein an elevated level of IL-16 detects the presence of antibody-activated fibroblasts.

10. (new) A method of detecting the presence of antibody-activated fibroblasts, said method comprising

(a) obtaining a biological sample comprising fibroblasts from the patient;

(b) contacting said sample with an antibody specific for RANTES;

(c) detecting the level of RANTES released by said fibroblasts relative to a control, wherein an elevated level of RANTES detects the presence of antibody-activated fibroblasts.

11. (new) A method of detecting the presence of antibody-activated fibroblasts, said method comprising

(a) obtaining a biological sample comprising fibroblasts from the patient;

(b) contacting said sample with antibodies specific for IL-16 and RANTES;

(c) detecting the levels of IL-16 and RANTES released by said fibroblasts relative to a control, wherein an elevated level of both IL-16 and RANTES detects the presence of antibody-activated fibroblasts.